



# Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS

110 EAST MAIN STREET, SUITE 715

MADISON, WI 53703-3328

TELEPHONE: (608) 266-9760

## TRAFFIC VIOLATIONS

*A separate form should be completed for each applicable debt. You may copy this form.  
List all traffic violations regardless of disposition. (Exclude parking tickets.)*

Name: \_\_\_\_\_  
Last First Middle Date of Birth

State currently licensed in: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

State previously licensed in: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Date of Incident (or time period involved): \_\_\_\_\_

Location (Jurisdiction) of incident: \_\_\_\_\_  
City County State

Law Enforcement Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Court Involved: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Case Number: \_\_\_\_\_ Citation Number: \_\_\_\_\_

Initial Court Date: \_\_\_\_\_ Date of Final Disposition: \_\_\_\_\_

Charge at time of arrest: \_\_\_\_\_ Amended Charge: \_\_\_\_\_

Final Disposition (Include Court ordered sanctions) : \_\_\_\_\_

**You must provide a detailed narrative of the incident to fully explain the nature of the problem. Your narrative should include the names of others involved, events leading to or causing the incident, and any significant related events following the incident. Attach additional sheets as necessary.**